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UTILITY		Attorney Do	ocket No.	TRIAG-001A	
PATENT APPLICATION	1	First Invent	or	Brad S. Culbert	
TRANSMITTAL	_	Title Soft	Tissue An	chor and Method of	f Using Same
(Only for new nonprovisional applications under 37 (CFR 1.53(b))	Express Ma	ail Label No	EL 988304/2	195US)
APPLICATION ELEMENTS		ADDRE	ESS TO:	Assistant Commissioner Box Patent Application	for Patents
See MPEP chapter 600 concerning utility patent appli	cation contents.			Washington, DC 20231	
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)				-R in duplicate, large table	
Applicant claims small entity status.				ram <i>(Appendix)</i> lo Acid Sequence Submiss	sion (d
See 37 CFR 1.27.	7 1		able, all neces		~ ¬
3. (preferred arrangement set forth below)	/	a	Computer Re	adable Form (CRF)	
 Descriptive title of the invention Cross Reference to Related Application 	ie.	b. Spec	ification Seque	nce Listing on:	
 Statement Regarding Fed sponsored R 		i	. 🔲 CD-R	OM or CD-R (2 copies); or	
 Reference to sequence listing, a table, or a computer program listing appendix 		i	i. paper		
- Background of the Invention		с. 🗀	Statements v	erifying identity of above co	opies
 Brief Summary of the Invention Brief Description of the Drawings (if file 	.d)	ACC	OMPANYI	NG APPLICATION P	ARTS
- Detailed Description	0)			Papers (cover sheet & do	
- Claim(s)			37 CFR 3.73	(b) Statement	Power of
- Abstract of the Disclosure	[10. X			Attorney
4. X Drawing(s) (35 U.S. C. 113) [Total Sheet	s <u>5</u>]	111.	=	slation Document (if app	-
5. Oath or Declaration [Total Pages	s 2·]	12.	Information Statement (Copies of IDS Citations
a. X Newly executed (original or copy)		13.	Preliminary	Amendment	
b. Copy from a prior application (37 CF b. (for continuation/divisional with Box	R 1.63 (d)) 18 completed)	14. X	Return Rece (Should be	ipt Postcard (MPEP 503 specifically itemized)	3)
i. DELETION OF INVENTOR(S Signed statement attached deleting inve	<u>5)</u> ntor(s)	15.	Certified Col (if foreign pr	by of Priority Document pority is claimed)	(s)
named in the prior application, see 37 1.63(d)(2) and 1.33(b).		16.		n Request under 35 U. pplicantmustattachforr	
1.00(0)(2) and 1.00(0).			or its equival	• •	117 10/35/33
6 Application Data Sheet. See 37 CFR 1.76		17.	Other		
18. If a CONTINUING APPLICATION, check appropri	ate box, and suppl	ly the requisit	e information	below and in a preliminal	ry amendment,
or in an Application Data Sheet under 37 CFR 1. 76					
	nuation-in-part (CIP)	·	–	/	
Prior application information: Examiner For CONTINUATION OR DIVISIONAL APPS only: The entire	disclosure of the n		oup Art Unit:	un nath or declaration is su	unnlied under
Box 5b, is considered a part of the disclosure of the acc The incorporation <u>can only</u> be relied upon when a	ompanying continuati	ion or division	al application a	nd is hereby incorporated	
19. C	ORRESPONDEN	CE ADDRES	SS		
Customer Number or Bar Code Label (Insert Cust	omer No. or Attach bar	label here)	or [X Correspondence addr	ess below
Name Marlene Klein					
STETINA BRUNI	DA GARRED	& BRUC	KER	-	
Address 75 Enterprise, Suit					

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Marlene Klein

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Complete if Known

PTO/SB/17 (10-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision. Application Number TOTAL AMOUNT OF PAYMENT (\$) 425.00 METHOD OF PAYMENT (check all that apply) Check Credit card Money Order Order Deposit Account Number Deposit Account Num
Effective 10/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27
Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Attorney Docket No. TRIAG-001A
Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$) 425.00 Attorney Docket No. TRIAG-001A METHOD OF PAYMENT (check all that apply) Check
METHOD OF PAYMENT (check all that apply) Check
Check Credit card Money Other None Order None Deposit Account: Deposit Account: Deposit Account: Deposit Account: Deposit Account: Number Deposit Account: Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments X Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. FEE CALCULATION 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Code (\$) Fee Pai 1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month
Deposit Account: Deposit Account Number Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments X Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. Large Entity Small Entity Fee Code (\$) Code (\$) Fee Code (\$) Small Entity Fee Code (\$) Fee Pai Fee Code (\$) 1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month 1252 420 2352 230 Extension for reply within second month
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Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. Tee Director is authorized to: (check all that apply) 1053 1052 2052 2052 2052 2052 2052 2052 2052 2052 2052 2052 2052 2053 1053 130 1053 130 1053 130 1053 130 1053 130 1053 130 1053 130 1053 130 1053 130 1053 130 1053 130 1812 2,520 For filing a request for ex parte reexamination Examiner action 1805 1805 1,840*
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Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below Charge fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. Telephone 1053 130 Non-English specification 1812 2,520 For filing a request for ex parte reexamination 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month
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Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within second month
FEE CALCULATION 1251 110 2251 55 Extension for reply within first month
FEE CALCULATION 1252 420 2252 210 Extension for reply within second month
VI. BASIC FILING FEE
Large Entity Small Entity 1253 950 2253 475 Extension for reply within third month
Fee Fee Fee Fee Fee Description Fee Paid 1254 1.480 2254 740 Extension for reply within fourth month
Code (\$) Code (\$) 1255 2,010 2255 1,005 Extension for reply within fifth month
1002 340 2002 170 Design filing fee 385 1401 330 2401 165 Notice of Appeal
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing brief in support of an appeal
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding
SUBTOTAL (1) (\$) 385 1452 110 2452 55 Petition to revive - unavoidable
1453 1.330 2453 665 Petition to revive - unintentional
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue)
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee Total Claims 20 -20** = X 1503 640 2503 230 Pleat issue fee
Independent 1903 640 2503 520 Plant Issue iee
Claims
1807 50 Processing fee under 37 CFR 1.17(q)
Large Entity Small Entity Fee Fee Fee Fee Description 1806 180 Submission of Information Disclosure Stmt
Code (\$) Code (\$) 8021 40 Recording each patent assignment per
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be
1204 86 2204 43 ** Reissue independent claims examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE)
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 1802 900 Request for expedited examination of a design application
Other fee (specify)
SUBTOTAL (2) (\$) *Reduced by Basic Filing Fee Paid *SUBTOTAL (3) (\$) 4 *SUBTOTAL (3) (\$)
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(Attorney/Agent)

43,718

Telephone

Date

(949)855-1246

07

Marlene Klein

Name (Print/Type)

Signature

ATTORNEY DOCKET NO: TRIAG-001A TITLE: SOFT TISSUE AND METHOD OF USING SAME

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- 1. Patent Application (17 pages);
- 2. Drawings (5 pages);
- 3. Declaration (2 pages) signed;
- 4. Power of Attorney;
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- 6. Recordation Cover Sheet;
- 7. Assignment;
- 8. Fee Transmittal; (Duyliche)
- 9. Check for \$385.00 for filing fees;
- 10. Check for \$40.00;
- 11. Certificate of Mailing; and
- 12. Return postcard.